

Board of Health, City of Baltimore,

Permit No. A 741 Office of Registrar of Vital Statistics. Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH

Date of Death,

June 28th 1887



Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Mary Bockhoe

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 8 Months, 17 Days,

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ✓

Birthplace, { State or country, and now long in the United States, if of foreign birth. }

Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. }

308 Mulberry St.

Cause of Death, { First, (Primary). } Cholera infantum
{ Second, (Immediate). }

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Saint Alphonsus

Date of Burial, June 29 1887

{ Undertaker, C. H. Weber. }

{ Place of Business, No 818 Greenmount Av. }

Edw. S. Conlynn M. D.,

Medical Attendant.

Address, + 935 Madison Av.

Extract from Regulations of the Board of Health to secure a full and correct record of
Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

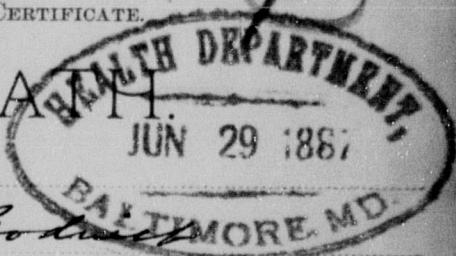
Office of Registrar of Vital Statistics. Ward C+

Permit No. A 742

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH



Date of Death, June 28th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Stephen Boden

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 6 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give Street and Number. } 106 N. Chapel St.

Cause of Death, { First (Primary), Cholera dysenteric
Second (Immediate), Exhaustion }

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Bohemian National.

Date of Burial, June 29, 1887

{ Undertaker, Frank Wach }

P. V. Hooperman

M. D.

Medical Attendant.

{ Place of Business, 827 N. Durban St. Address, 1812 E. Bellmore St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

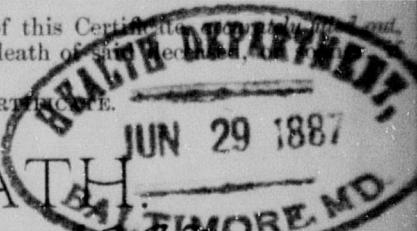
Permit No. A 743

Office of Registrar of Vital Statistics.

Ward 4ⁿ

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No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH

Date of Death,

June 28th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sarah Armstrong

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 58 Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Baltimore City

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Life

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

No 915 Stiles St

Cause of Death, { First (Primary),
Second (Immediate), }

Paralysis

Duration of Last Sickness,

2 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, June 30th 1887

Undertaker, Denny & Mitchell

James A. Kenney

M. D.

Place of Business, 65 S. Broadway

Address, Court St. P.O.

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Henry McReeves Sanitary Inspector [over]

Certificate.

Health Department, City of Baltimore.

Permit No. A. 744

Office of Registrar of Vital Statistics.

Ward 16²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH



Date of Death, June 29 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Edith Valentine Kuehneum

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, One

Years,

8

Months,

13

Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation, none

Baltimore City M^a

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

575 - Franklin St

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. }

Cholera Infantum

Cause of Death, { First (Primary),

Exhaustion

Second (Immediate),

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, June 30

J. A. Wiley

M. D.

{ Undertaker, Mr. J. A. Wiley & Sons

Medical Attendant.

{ Place of Business, 221 S. Eutaw St

Address, 405 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

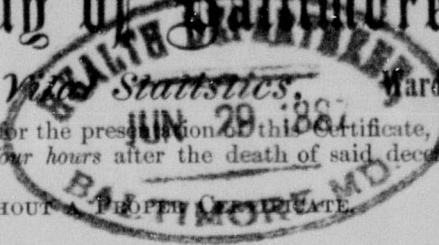
The special attention of Physicians is respectfully invited to the remarks below, and to LIST OF DISEASES on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 745

Office of Registrar of Vital Statistics.

20th



The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June, 29th, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Ethel Isabel Kurz.

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age,

Years,

3 Months,

19 Days.

Color,

White.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

City

Duration of Residence in the City of Baltimore,

During lifetime.

Place of Death, { Give Street and Number. }

706 Mosher St

Cause of Death, { First (Primary), Second (Immediate), }

Cholera Infantum,

Exhaustion.

Duration of Last Sickness,

24 hours.

All the above information should be furnished by the Physician.

Place of Burial,

Loudon Park

Date of Burial,

June 30th, 1887

Undertaker,

Jpm Weavers

William Ricker, M. D.

Medical Attendant.

Place of Business,

#738 N. Eutaw

Address, Penna Ave & Robert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 726 Office of Registrar of Vital Statistics. Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 29th, 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Wilhelmina Urban

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 22 Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Learn any

Duration of Residence in the City of Baltimore,

3 years.

Place of Death, { Give Street and Number. }

* 1604 Shakespeare St.

Cause of Death, { First (Primary),

Puerperal Fever

Second (Immediate),

Duration of Last Sickness,

6 days

All the above information should be furnished by the Physician.

Place of Burial, St. Eliz. & Charles St.

Date of Burial, June 30th 87 John H. Rehberger M. D.

{ Undertaker, H. J. Broske, Medical Attendant.

{ Place of Business, 1732 Alisanne St. Address, * 1709 Aliceann St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. A 747

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 28, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Myron Spencer

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years,

Months,

Days.

Color, red Sex,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth.) }

Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 602 Chestnut alley

Cause of Death, { First (Primary,) Second (Immediate,) }

Cholera infantum

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp's Cemetery

Date of Burial, June 29 1887

Undertaker, W. Macleod

Place of Business, 46 East St

Thomas E. Sears M. D.

Medical Attendant

Address 411 N. Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 748 Office of Registrar of Vital Statistics. Ward 6th

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CERTIFICATE OF DEATH

Date of Death,

June 29th 1887 JUN 29 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Maggie Kessell

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 6 Months, Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

City

Duration of Residence in the City of Baltimore,

life

Place of Death, { Give Street and Number. }

1027 St. Chapel St

Cause of Death, { First (Primary),
Second (Immediate), }

Abolition Infanticide

2 hours

Duration of Last Sickness,

2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cemetery

Date of Burial, June 30, 1887

John Ryd

M. D.

Medical Attendant.

Undertaker, Henry Koepf

Place of Business, 1023 Plater St. Address, 1937 S. Worcester St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Board of Health, City of Baltimore,

Permit No. 749

Office of Registrar of Vital Statistics. Ward 11

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No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

CERTIFICATE OF DEATH.

Date of Death, June 28th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

John Meekamp

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 50 Years, 10 Months, Days,

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Shoemaker

Birthplace, { State or country, and now long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 44 years

Place of Death, { Give street and Number. } 523 Prince st

Cause of Death, { First, (Primary). Dilatation of Heart
Second, (Immediate). }Duration of Last Sickness, *de debilitate - saw him but once*

All the above information should be furnished by the Physician.

Place of Burial, St James Cemetery

Date of Burial, June 30 1887

Caleb Wenzel

M. D.

Medical Attendant.

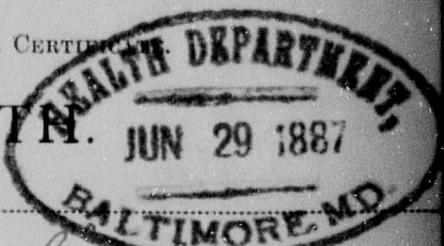
{ Undertaker, A. Rosenblatt }

{ Place of Business, 61 Park Av. Address, 924 McCulloh st }

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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[OVER]



No. 850

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 750

Office of Registrar of Vital Statistics.

Ward 11th

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death,

June 29 - 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Magie May

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years,

2

Months,

Days.

Color,

W

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

475 - Penna Ave
Indigestion

Cause of Death, { First (Primary),
Second (Immediate), }

Duration of Last Sickness,

1 month

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery.

Date of Burial, June 29

Undertaker, Walter J. Immer

Place of Business, 594 N. Bidder

St. J. Hauck M. D.
Medical Attendant.

Address, Comes Every Day

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]